



Office of Public Instruction
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STUDENT RECORD REVIEW

☐ Timelines ☐ Referral ☐ Evaluation Plan ☐ CST ☐ REED ☐ IEP
☐ LRE ☐ Transition ☐ Transfer ☐ IEP Notice ☐ FAPE ↓ 3

Student Initials:	Birthdate:	Age:	Sex:	Grade:	Disability:
District:	School Building:			SPED Teacher:	
Person Completing Record Review:					

Dates				
Referral	Evaluation Plan	CST Meeting	IEP Meeting	Review of Existing Evaluation Data
				<input type="checkbox"/> Needed, Not Done <input type="checkbox"/> Not Needed

Yes No NA

TIMELINES:

- — — A. *Initial CST was conducted within 60 days of date that parental consent was received*
— — — B. *Initial IEP was conducted within 30 days of the initial CST*
— — — C. *The student is reevaluated every three years OR the parents and the school district agreed that a reevaluation was unnecessary*
— — — D. IEP was in effect at beginning of school year
— — — E. IEP is reviewed every twelve months

Special education record includes:

- — A. Records are maintained in a secure and confidential manner
— — B. Access log
— — C. Access log includes a list of all individuals who have access to records
— — D. Record of individuals obtaining access to record, including name, date and purpose
— — E. Information about this student only
— — F. Referral

- ___ ___ G. Permission for Evaluation
- ___ ___ H. Evaluation Data (summaries of assessments, test protocols, et. al.)
- ___ ___ I. Child Study Team reports
- ___ ___ J. Individualized Education Programs
- ___ ___ K. Progress Reports sent to parents
- ___ ___ Progress Reports inform parents of:
 - ___ ___ i. Progress toward the annual goals
 - ___ ___ ii. If that progress will enable the child to achieve the annual goals by the end of the IEP
- ___ ___ L. Review of Existing Evaluation Data

REFERRAL includes: ☐ Referral from another district ☐ More than 4 years old ☐ Reconstructed

- ___ ___ A. General education interventions tried
- ___ ___ B. Specific reasons for the referral
- ___ ___ C. Signature of person making referral

EVALUATION PLAN includes: ☐ Evaluation Plan from another district (skip this section)

- ___ ___ A. Why the student is being evaluated
- ___ ___ B. A description of each evaluation procedure
- ___ ___ C. A parent signature for permission*
- ___ ___ D. The Evaluation Plan was provided in the parents' native language
- ___ ___ E. **Initial Evaluation:** The parents were given the *Procedural Safeguards* brochure
- * ___ ___ If written permission was not obtained for reevaluation, record has documentation of attempts to obtain

- | | | | | |
|--|--|-------------------------------------|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Assist. Tech. | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Class-Based Assess. | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> English Proficiency | <input type="checkbox"/> FBA | <input type="checkbox"/> Observations | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Transition | <input type="checkbox"/> Other: _____ | |

CST REPORT includes: **School:** _____ **SPED Teacher:** _____

- ___ ___ A. Parent comments
- ___ ___ B. Current classroom-based assessments (CBA)
- ___ ___ C. CBA includes the student's involvement and progress in the general curriculum
- ___ ___ D. Observations by teachers and/or related services providers
- ___ ___ E. All assessments marked on Evaluation Plan were conducted
- ___ ___ F. Only assessments marked on the Evaluation Plan were conducted
- ___ ___ G. Implications for educational planning *for all assessment areas*
- ___ ___ H. Implications are understandable to non-educators
- ___ ___ I. Disability criteria (written or checklist—for each disability identified)
- ___ ___ J. Need for special education and related services

- ___ ___ K. Disability category(ies): _____
- ___ ___ L. (Initial CST) - The results of assessments in all areas related to the suspected disability

Child Study Team includes the following members:

- ___ ___ Parent(s) ___ ___ A copy of the report was provided to the parent
- ___ ___ If parent did not attend, record of attempts to arrange a mutually agreed on time and place
- ___ ___ Student
- ___ ___ Administrator
- ___ ___ General education teacher
- ___ ___ Special education teacher or special education provider (Speech, OT, PT, etc.)
- ___ ___ Someone with knowledge in the area of suspected disability

REQUIRED FOR <u>INITIAL</u> CST MEETING	AU	CD	DB	DE	ED	HI	LD	SI	TBI
School Psychologist	X	X			X		X		X
Speech-language Pathologist	X		X	X or X		X or X		X	X
Audiologist									

IEP includes: **School:** _____ **Teacher:** _____

- ___ ___ A. Student's strengths, preferences and interests
- ___ ___ B. Concerns of the parents

Consideration of:

- ___ ___ C. Whether student behavior impedes learning (Checked "Yes": ___)
- ___ ___ D. Communication needs (Checked "Yes": ___)
- ___ ___ E. Assistive technology devices/services (Checked "Yes": ___)
- ___ ___ F. Limited English Proficiency (Checked "Yes": ___)
- ___ ___ G. If any item in C-F is checked "Yes," the need is addressed in the IEP

For student who is blind or visually impaired, consideration of:

Orientation and mobility = Yes ___ or No ___ (If Yes, training must be in IEP)

Instruction in Braille = Yes ___ or No ___ (If No, minutes must say "Why not")

- ___ ___ H. Present level of *academic achievement and functional* performance (**PLAAFP**)
If No: ☐ Not Present
- ___ ___ I. **PLAAFP** states how the disability affects involvement and progress in the general curriculum or for preschool student, involvement in appropriate activities

J. Measurable annual goals (MAG)

If No: ☐ Not Measurable ☐ Not Present

___ ___ MAG address enabling the child to be involved in and **make** progress in the general curriculum or, for preschool children, to participate in appropriate activities

___ ___ MAG address other educational needs that result from the child's disability

___ ___ K. **COMPLETE THIS ITEM ONLY for children who take the CRT-ALT:**

Short-term Objectives or Benchmarks which are measurable (STOB)

If No: ☐ Not Measurable ☐ Not Present

L. If student has Adapted Physical Education, specially designed physical education is included in the IEP: Yes ___ No ___

___ ___ M. How often progress reports will be sent to parents

___ ___ N. IEP addresses the results of the most recent CST

___ ___ O. IEP team addressed any lack of progress in the general curriculum

___ ___ P. The frequency, location, and duration of special education and related services

___ ___ Q. Why the student's placement is the least restrictive option

___ ___ i. To the maximum extent appropriate, student is educated with nondisabled students

___ ___ ii. Removal of the student from the regular educational environment is because education in regular classes with supplementary aids/services cannot be achieved satisfactorily

iii. The child's placement:

___ ___ a. is based on the child's IEP

___ ___ b. is as close as possible to the child's home

___ ___ c. is in the school that he/she would attend if nondisabled

___ ___ iv. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs

___ ___ R. Accommodations/Modifications for the student, including modifications or supports for school personnel as appropriate.

___ ___ S. Participation in State/Districtwide Assessments

___ Statewide assessments are not being conducted during the term of this IEP

The student will participate in the following manner:

IOWA Tests (Grades 4, 8, 11)

☐ N/A

☐ Without accommodations

☐ With accommodation(s)

☐ Alternate Assessment Scale

___ **Not addressed**

CRT Tests (Grades 3-8, 10)

☐ N/A

☐ Without accommodations

☐ With accommodation(s)

☐ CRT-Alternate

___ **Not addressed**

Districtwide Tests

☐ N/A

☐ Without accommodations

☐ With accommodation(s)

☐ Alternate Assessment Scale

___ **Not addressed**

If student is taking Alternate Assessment, IEP addresses:

- ☐ ☐ Why the child cannot participate in the particular assessment
- ☐ ☐ Why the particular alternate assessment selected is appropriate for the child

- ☐ ☐ T. Extended School Year services were considered
If student is to receive ESY, goals and objectives are identified: Y___ N___
- ☐ ☐ U. Documentation that each teacher and provider is informed of his or her responsibilities in implementing the IEP and the specific accommodations, modifications, and supports that must be provided

IEP Team includes:

- ☐ ☐ Parent(s)
 - ☐ ☐ A copy of the IEP was given to the parent
 - ☐ ☐ Written consent for initial and annual placement was obtained prior to placement
 - ☐ ☐ *Parent is given a copy of the procedural safeguards notice at least once per year*
 - ☐ ☐ If parent did not attend, records of attempts to arrange mutually agreed on time/place
- ☐ ☐ Student
- ☐ ☐ Administrator
- ☐ ☐ ☐ General education teacher
- ☐ ☐ Special education teacher or special education provider (Speech, OT, PT, etc.)
- ☐ ☐ Someone with knowledge in the area of suspected disability
- ☐ ☐ Representative of other agency (transition IEP)

IEP Team Member Excusal:

IEP meeting included at least one:

- ☐ ☐ *Special education teacher or special education service provider*
- ☐ ☐ *Regular education teacher (if the student is or may be participating in the regular education environment)*
- ☐ ☐ *Administrator or designee*

The excusal documented:

- ☐ ☐ *the parent's consent for excusal prior to the IEP meeting*
- ☐ ☐ *the member(s) to be excused*
- ☐ ☐ *Each excused member provided written input prior to the meeting.*
- ☐ ☐ *If No, indicate member _____*
- ☐ ☐ *Copies of the written input from each excused IEP Team member is included in the IEP document.*
- ☐ ☐ *If No, indicate member _____*

IEP Amendment: ***School:*** _____ ***Teacher:*** _____

- — A. Indicates the date of the IEP being amended
 — — B. Indicates what areas of the IEP are being amended
 — — C. Copies of changes to IEP are attached

Amendment approved by:

— — Parent(s)
 — — District

TRANSITION IEP includes: (Beginning with the IEP to be in effect on the child's 16th birthday)

- — — A. If student did not attend the IEP meeting, the student's preferences/interests were considered (check "NA" if student attended meeting)
 — — B. *Age appropriate transition assessment was conducted for training, education, employment, and, if appropriate, independent living skills.*
 ☐ *Assessment was conducted but did not include training, education, employment, or independent living skills. (circle missing items)*
 — — C. *Measurable post-secondary goals related to training, education, employment and, where appropriate, independent living skills*
 — — D. *The student's measurable annual goals and transition services will reasonably enable the student to meet the identified post-secondary goals.*
 If no, explain why: _____
 — — E. Needed transition services
 — — — F. If appropriate, IEP contains a statement of the interagency responsibilities or any needed linkages
 — — — i. The district invited any other agency that is likely to be responsible for providing or paying for transition services
 — — — ii. If the agency invited did not attend, the district took steps to obtain their participation
 — — — iii. If the agency failed to provide the transition services described in the IEP, the district reconvened the IEP team to identify alternative strategies

If student is age 17:

- — A. Student was informed of rights that will transfer at age of majority
 — — B. Parents were informed of rights that will transfer at age of majority

If student is in grade 12:

— — The IEP team determined whether the student will meet the district's graduation requirements

REVIEW OF EXISTING EVALUATION DATA includes: ☐ Needed, Not Done ☐ Not Needed

- ___ ___ A. Current classroom-based assessments and observations
- ___ ___ B. Teacher and related services provider observations
- ___ ___ C. Evaluations and information provided by the parents of the student
- ___ ___ D. Determination whether additional data were needed
- ___ ___ If additional data were needed, data is identified on an Evaluation Plan
- ___ ___ If additional data were not needed, parents were notified of their right to request an assessment to determine whether their child continues to be a student with a disability

Review of Existing Evaluation Data was conducted by:

- ___ ___ Parent(s) ___ ___ Student ___ ___ Administrator
- ___ ___ General education teacher
- ___ ___ Special education teacher or special education provider (Speech, OT, PT, etc.)
- ___ ___ Someone with knowledge in the area of suspected disability

IEP MEETING NOTICE must:

- ___ ___ A. Indicate the purpose, time, and location of the meeting
- ___ ___ B. Indicate who will be in attendance
- ___ ___ C. Inform the parents that other individuals who have knowledge or special expertise about the child may participate in the IEP

Beginning at age **16**, indicate:

- ___ ___ A. That a purpose of the meeting will be the development of transition services needs/needed transition services *and measurable postsecondary goals*
- ___ ___ B. That the agency will invite the student
- ___ ___ C. Any other agency that will be invited to send a representative

TRANSFER STUDENTS

- A. In-state transfer
 ___ ___ The district implemented the student's IEP Date of transfer IEP: _____
- B. Out-of-state transfer—the district:
 ___ ___ i. determined that student is eligible in Montana Date of Determination: _____
 ___ ___ ii. implemented the student's IEP
 ___ ___ iii. reviewed the previous IEP Date of transfer IEP: _____

FAPE FOR CHILDREN AT AGE 3

- — A. A representative of the LEA participated in transition planning conferences arranged by the early intervention agency
- — B. The IEP was developed and implemented no later than the child's third birthday, regardless of whether the child turned three during the summer
- — C. The IEP team determined the date when IEP services will begin
- — D. The IEP considered the student's need for extended school year (ESY)
 - — If the IEP specified that the child must receive an ESY, the student received special education and related services prior to the beginning of the school year
 - — If the IEP specified that the child did not need an ESY, the student received special education and related services at the beginning of the school year